**EXHIBIT 4** 



Name of Establishment

Address

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH

SIGNATURE OF INSPECTING OFFICIAL NAME OF INSPECTING OFFICIAL (Print) **NEW JERSEY STATE DEPARTMENT OF HEALTH** CN 369 TRENTON, NEW JERSEY 08625-0369 **CONSUMER HEALTH SERVICES** DATE PERMANENT REG. NO. SIGNATURE OF INSPECTING OFFICIAL NAME OF INSPECTING OFFICIAL (Print) 94 William Street Newark Health Department LOCAL BOARD OF HEALTH (Name, Address & Telephone no.) Newark, New Jersey 07102 LOCAL BOARD OF HEALTH 08/15 DATE PERMANENT REG. NO. (973)733-3734

place near the public entrance of the establishment." Specific references in the Detail Date Sheets are to Chapter 12 of the State Sanitary Code, and/or Title 24, N.J.S.A. NOTE: In accordance with the State Sanitary Code, this "report shall be posted in a conspicuous